

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000041204

1. Entity Name

DAVID A. MAURER, M.D., P.A.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90060 022 ***150.00

Principal Place of Business

Mailing Address

**332 WEST MINNESOTA AVENUE
 DELAND FL 32720**

**332 WEST MINNESOTA AVENUE
 DELAND FL 32720-3350**

2. Principal Place of Business

Fla. Hosp. - Fish Memorial

3. Mailing Address

Suite, Apt. #, etc.

Pathology Lab

Suite, Apt. #, etc.

City & State

Orange City, FL

City & State

Zip

32763

Country

USA

Zip

Country

4. FEI Number

59-3248051

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MAURER, DAVID A MD
 332 WEST MINNESOTA AVENUE
 DELAND FL 32720**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

David A. Maurer MD

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-10-00

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** Delete
 NAME **MAURER, DAVID A MD**
 STREET ADDRESS **332 WEST MINNESOTA AVENUE**
 CITY-ST-ZIP **DELAND FL 32720**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David A. Maurer MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. MAURER

3-10-00

Date

904-851-5184

Daytime Phone #

CR2E034 (9/99)